

FILED MAR 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5905-

State File No.

BIRTH NO. <u>124-50-9870</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>6075</u>		Registrar's No. <u>72</u>	
1. PLACE OF DEATH a. COUNTY <u>St Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St Francois</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Farmington</u> c. LENGTH OF STAY (in this place) <u>St. Francois Twp.</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Farmington</u> d. STREET ADDRESS <u>R.R. 2</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.R. 2</u>				d. STREET ADDRESS <u>R.R. 2</u>			
3. NAME OF DECEASED (Type or Print) <u>Ronnie</u>				a. (First)		b. (Middle) <u>Helm</u>	
c. (Last)				4. DATE OF DEATH (Month) (Day) (Year) <u>February 23 1950</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>February 23, 1950</u>	
9. AGE (In years last birthday) <u>0</u>		10. MONTHS <u>7</u>		11. BIRTHPLACE (State or foreign country) <u>Farmington, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Elijah Helm</u>				13b. MOTHER'S MAIDEN NAME <u>Corrine Bellard</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elijah Helm</u> ADDRESS <u>Farmington, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____				INTERVAL BETWEEN ONSET AND DEATH <u>7 h. 10 A</u>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) _____ (STATE) _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>2-23</u> , 19 <u>50</u> , to <u>2-23</u> , 19 <u>50</u> that I last saw the deceased alive on <u>2-23</u> , 19 <u>50</u> , and that death occurred at <u>6:00</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>F. Richard Conrad, M.D.</u> (Degree or title)				23b. ADDRESS <u>Farmington, Mo.</u>		23c. DATE SIGNED <u>2-23-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>2/24/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stone Church Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Francois Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar 4 1950</u>		REGISTRAR'S SIGNATURE <u>Ethel Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Miller Funeral Home</u> ADDRESS <u>Farmington, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

MAR 6 1950

DISTRICT HEALTH OFFICE No. 4

File No. 350-320

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Not Embalmed
working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed Paul K. Dwyer

Licensed Embalmer No. 4120

P. O. Address Farmingdale, N.Y.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.